

**MULTIPLE-DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101594353

FILING DATE

09260-6

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		4				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
13	1					
14		2				
15		1				
16		1				
17		1				
18		1				
19		1				
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49						
50						
TOTAL IND.	3		2			
TOTAL DEP.	26		22			
TOTAL CLAIMS	29		24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						